

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000109443

1. Limited Liability Company's Name

404 FILMS, LLC

2. Principal Office Address - No P.O. Box #

2808 TOURAINE AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip
32812

Country
USA

3. Mailing Office Address

2808 TOURAINE AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip
32812

Country
USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

11/07/2005

6. FEI Number

20-3811826

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES A ALVAREZ-TURNER

Street Address (P.O. Box Number is Not Acceptable)

2808 TOURAINE AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Marlene Alvarez
REGISTERED AGENT MUST SIGN

Date **10/26/2007**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JAMES A ALVAREZ-TURNER	2808 TOURAINE AVE	ORLANDO, FL 32812
MGR	MARLENE ALVAREZ	2808 TOURAINE AVE	ORLANDO, FL 32812

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REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Marlene Alvarez
MARLENE ALVAREZ

Date **10/26/2007**

Daytime Phone # **407-375-5806**

Typed or printed name of signing Managing Member/Manager